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Fill	in this information to identify your ca	ase:		
Del	otor 1 Abdessama	d Baba Kaidi		
	otor 2			
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS	
	se number			Check if this is:
(If kr	nown)			An amended filing
				☐ A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12/15
sup spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filing wi	ng jointly, and your spouse is living the pount of the pour do not include information.	nd Debtor 2), both are equally responsible for ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question.
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	■ Employed
	attach a separate page with information about additional employers.	Employment status	☐ Not employed	☐ Not employed
		Occupation	Uber driver	associate
	Include part-time, seasonal, or self-employed work.	Employer's name	Uber	Home Depot
	Occupation may include student or homemaker, if it applies.	Employer's address	182 Howard Street Suite 8 San Francisco, CA 94105	POBox 78011 Phoenix, AZ 85062-8011

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

2 years

For Debtor 1

For Debtor 2 or

2,228.70

0.00

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 2,228.70

How long employed there?

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Debtor 1	Abdessamad Baba Kaidi	_	С	ase number (<i>if kr</i>	nown)	19-0737	72	
				For Debtor 1			btor 2 or	
C	ppy line 4 here	4.	-	\$ (0.00	\$	2,228.70	
<i>-</i> ::								_
	st all payroll deductions:	- -		•		Ф	500 70	
5a 5b	•	5a. 5b.			0.00	\$	508.73 0.00	_
50		5c.		· —	0.00	\$	0.00	_
50		5d.		: ———·	0.00	\$	0.00	_
5e		5e.		:	0.00	\$	0.00	_
5f	Domestic support obligations	5f.	:		0.00	\$	0.00	_
50	. Union dues	5g.	. :	\$	0.00	\$	0.00	_
5h	Other deductions. Specify:	5h.	.+ :	\$ (0.00	+ \$	0.00	_
6. A	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	5	0.00	\$	508.73	_
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	S	0.00	\$	1,719.97	_
8. Li 8a	st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	monthly net income.	8a.	. :	\$ 1,900	0.00	\$	0.00	
8b	. Interest and dividends	8b.	. :	. —	0.00	\$	0.00	_
80	 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 							_
	settlement, and property settlement.	8c.			0.00	\$	0.00	_
80	• • •	8d.		. —	0.00	\$	0.00	_
86	•	8e.		\$	0.00	\$	0.00	_
8f	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	,	\$	0.00	\$	0.00	
80		— 8g.		·	0.00	 \$	0.00	_
8h		8h.		·	0.00	+ \$	0.00	_
		_		·		<u> </u>		_
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,900	0.00	\$	0.0	0
10. C a	alculate monthly income. Add line 7 + line 9.	10.	\$	1,900.00	+ \$	1,719	.97 = \$	3,619.97
	Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L	_	1,000.00				0,010101
In ot Do	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your ner friends or relatives. o not include any amounts already included in lines 2-10 or amounts that are not pecify:	depe					edule J. 11. +\$	0.00
W	dd the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Certain plies					a. if it	12. \$	3,619.97
13. D e	o you expect an increase or decrease within the year after you file this form	?					Combi	ned ly income
	No.							

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Fill	in this information to identify your case:					
Deb	otor 1 Abdessamad Baba Kaidi		Ch	eck if	this is:	
	<u>/ 10 40 00 01 11 11 11 11 11 11 11 11 11 11 11</u>			An	amended filing	
Deb	otor 2			As	upplement show	ing postpetition chapter
(Spo	ouse, if filing)		_	13	expenses as of t	he following date:
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			MN	I / DD / YYYY	
	nown) 19-07372					
	fficial Form 106J					
So	chedule J: Your Expenses					12/15
info	as complete and accurate as possible. If two married people are fili ormation. If more space is needed, attach another sheet to this form mber (if known). Answer every question.					
Par	t 1: Describe Your Household					
1.	Is this a joint case?					
	■ No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate household?					
	□ No					
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for \$	Separate Househo	old of De	ebtor	2.	
^	De very have demandents?					
2.	Do you have dependents? ■ No					
		ependent's relation ebtor 1 or Debtor 2			Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.					☐ Yes
						□ No
	_					Yes
						□ No
				_		☐ Yes
						□ No □ Yes
3.	Do your expenses include					⊔ Yes
0.	expenses of people other than yourself and your dependents?					
Par	t 2: Estimate Your Ongoing Monthly Expenses					
exp	imate your expenses as of your bankruptcy filing date unless you a penses as of a date after the bankruptcy is filed. If this is a supplementable date.					
Incl	lude expenses paid for with non-each government assistance if you	ı know				
	lude expenses paid for with non-cash government assistance if you value of such assistance and have included it on Schedule I: Your					
(Of	ficial Form 106l.)				Your expe	enses
			_			
4.	The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot.	de first mortgage	4.	\$_		825.00
	If not included in line 4:					
	4a. Real estate taxes		4a.	\$		0.00
	4b. Property, homeowner's, or renter's insurance		4b.	· : —		50.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$		0.00
_	4d. Homeowner's association or condominium dues		4d.	_		0.00
5.	Additional mortgage payments for your residence, such as home e	quity loans	5.	\$_		0.00

Deb	tor 1 Abdessam	nad Baba Kaidi	Case num	ber (if known)	19-07372
6.	Utilities:				
	6a. Electricity, h	neat, natural gas	6a.	\$	250.00
		er, garbage collection	6b.	\$	0.00
	6c. Telephone,	cell phone, Internet, satellite, and cable services	6c.	\$	248.97
	6d. Other. Spec	sify:	6d.	\$	0.00
7.	Food and housek	keeping supplies	7.	\$	645.00
8.	Childcare and chi	ildren's education costs	8.	\$	0.00
9.		, and dry cleaning	9.	\$	150.00
10.	•	oducts and services	10.	\$	170.00
11.	Medical and dent	•	11.	\$	120.00
12.	Transportation. In Do not include car	nclude gas, maintenance, bus or train fare.	12.	\$	420.00
13.		lubs, recreation, newspapers, magazines, and books	13.	\$	120.00
		butions and religious donations	14.	\$	0.00
15.	Insurance.	·			
		urance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance		15a.	·	0.00
	15b. Health insur	rance	15b.	\$	0.00
	15c. Vehicle insu		15c.	\$	63.00
	15d. Other insura		15d.	\$	0.00
	Specify:	lude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.	Installment or lea			•	
	17a. Car paymen		17a.	·	0.00
	17b. Car paymen		17b.	·	0.00
		School Tuition and expenses	17c.	\$	400.00
40	17d. Other. Spec	•	17d.	\$	0.00
18.		of alimony, maintenance, and support that you did not repor our pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10		\$	0.00
19.	Other payments v	you make to support others who do not live with you.	oi).	\$	0.00
	Specify:	,	19.		0.00
20.	. ,	rty expenses not included in lines 4 or 5 of this form or on 5		our Income.	
	20a. Mortgages o		20a.		0.00
	20b. Real estate	taxes	20b.	\$	0.00
	20c. Property, ho	omeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance	e, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner	r's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:		21.	+\$	0.00
22.	Calculate your me	•			
	22a. Add lines 4 th	S .		\$	3,461.97
	22b. Copy line 22	(monthly expenses for Debtor 2), if any, from Official Form 106J	J-2	\$	
	22c. Add line 22a	and 22b. The result is your monthly expenses.		\$	3,461.97
23.	Calculate your me	onthly net income.			
	23a. Copy line 12	2 (your combined monthly income) from Schedule I.	23a.	\$	3,619.97
	23b. Copy your n	monthly expenses from line 22c above.	23b.	-\$	3,461.97
		ur monthly expenses from your monthly income. s your <i>monthly net income</i> .	23c.	\$	158.00
24.	For example, do you	n increase or decrease in your expenses within the year after expect to finish paying for your car loan within the year or do you expect erms of your mortgage?			ease or decrease because of a
	_	Evnlain here:			